

: CIVIL ACTION

vs.

Defendants. :NO. # 01cv5456

THURSDAY, OCTOBER 30, 2003

B & R SERVICES FOR PROFESSIONALS, INC.
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E X H I B I T S

NO.	DESCRIPTION	PAGE
(None marked.)		

BETH BENN, R.N.

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(It is hereby stipulated and agreed by and among counsel that reading, signing, sealing, filing and certification are waived; and that all objections, except as to the form of the questions, be reserved until the time of trial.)

- - -

BETH BENN, R.N.

having been duly sworn, was examined and testified as follows:

- - -

BY MR. SEIDEL:

Q. Nurse Benn, my name is Richard Seidel. I'm going to be asking you a series of questions.

The first question I have for you is where are you currently employed?

A. At -- here at Rancocas.

Q. And how long have you been employed at Rancocas Hospital?

A. A little over three years.

Q. Were you employed by Rancocas Hospital on March 10th, 2000?

A. Yes.

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1 Q. At that time how long had you been with the
2 hospital?

3 A. I started -- I can't -- I think I started in
4 January. I have to look, you know, I can't tell you
5 exactly.

6 Q. So approximately three months before --

7 A. Yes.

8 Q. -- treating Daisy Love?

9 A. Yes.

10 Q. Tell me what your title was when you joined the
11 hospital.

12 A. R.N.

13 Q. And is that the same as it is today?

14 A. Yes.

15 Q. Did you have any administrative responsibilities
16 back in March of 2000?

17 A. No.

18 Q. Were you involved in any way with the drafting of
19 procedures or rules with regard to nursing conduct in
20 the hospital?

21 A. Like making the rules?

22 Q. Yes.

23 A. No.

24 Q. Were you required when you joined the hospital in
25 approximately January of 2000 to learn the rules and

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1 procedures in the patient care manual at the hospital?

2 A. Yes, we have an orientation.

3 Q. Describe the orientation for me.

4 A. It's a two-week orientation of classes, you go
5 through the policies and procedures.

6 Q. Were you familiar as of March of 2000 with any
7 policies and procedures at the hospital that addressed
8 the taking of vital signs and how often those vital
9 signs should be taken?

10 A. I don't recall.

11 Q. It is my information that there was a policy and
12 procedure in place back at that time that required that
13 blood pressures above 140 over 90 or below 90 over 60 be
14 taken every 15 minutes until stabilized. Were you
15 familiar with that procedure?

16 A. I don't remember.

17 Q. You don't remember if you were familiar with that
18 procedure?

19 A. Not back -- not three years ago. I don't recall.

20 Q. Do you recall if you were familiar with the
21 follow-up procedure to that, and that is once the
22 patient was stabilized that the blood pressure should be
23 taken every two hours thereafter to make sure it
24 remained stable?

25 A. I don't remember.

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1 Q. Are you familiar with that today?

2 A. Yes, I am.

3 Q. And do you recall whether that would have been
4 part of your orientation?

5 A. I don't remember.

6 Q. With regard to those policies and procedures, can
7 you tell me what policies and procedures you do remember
8 going over?

9 A. Three years ago we went over, you know, the
10 policy and procedure manual and we looked things up, but
11 three -- that was three years ago. I don't remember
12 exactly the policy and procedure book, you know, what I
13 knew back then.

14 Q. Well, I'm not asking you to remember the entire
15 policy and procedure book. I want to know if you were
16 taught -- let me ask you this: Do you remember any of
17 your classes from your first year in nursing school?

18 A. Not really.

19 Q. No? Do you remember whether you were taught in
20 nursing school what a normal blood pressure was?

21 A. I --

22 MS. PARSONS: Object to the form.

23 You can answer.

24 THE WITNESS: Pardon me?

25 MS. PARSONS: You can answer. Go

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1 ahead.

2 A. Yes.

3 BY MR. SEIDEL:

4 Q. Do you remember in nursing school learning what
5 an abnormal blood pressure was?

6 A. Yes.

7 Q. Do you remember in nursing school learning how
8 often blood pressures should be taken if a blood
9 pressure was abnormal?

10 A. That was back in 1964. I don't remember what it
11 was back then.

12 Q. Tell me what your recollection was of what the
13 procedure was for taking blood pressures for patients
14 back in March of 2000.

15 A. March of 2000? I don't remember the policy at
16 that time.

17 Q. I understand. I'm not asking you for the
18 hospital policy now. Now, I'm asking you for your
19 nursing training.

20 A. In my nursing experience?

21 Q. In your nursing training and experience --

22 MS. PARSONS: Let him finish.

23 THE WITNESS: Okay.

24 BY MR. SEIDEL:

25 Q. -- how often would you take the blood pressure of

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1 a patient who had a blood pressure above 140 over 90?

2 A. Above 140 over 90? Professionally with my
3 experience, I would be taking it anywhere from five
4 minutes to 15 minutes.

5 Q. And once that patient became stabilized, in other
6 words, the blood pressure dropped below 140 over 90, how
7 often would you take a blood pressure?

8 MS. PARSONS: Object to the form.

9 You can answer.

10 THE WITNESS: Okay.

11 A. I would take it every 30 minutes, 15 to 30
12 minutes.

13 MR. HAFTEL: I'm sorry, every
14 what?

15 MR. AUSTERMUHL: Every 15 to 30
16 minutes.

17 MS. PARSONS: Can you speak up a
18 little bit?

19 MR. HAFTEL: If you can keep your
20 voice up a little bit. Thanks.

21 THE WITNESS: You're welcome.

22 BY MR. SEIDEL:

23 Q. Do you know if there was a policy and procedure
24 in the hospital back in March of 2000 that if there were
25 any changes in blood pressure that went from normal to

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1 abnormal after the pressure had been stabilized that you
2 were required to notify the physician who was attending
3 to the patient?

4 MS. PARSONS: Object to the form
5 of the question. You can answer.

6 A. I would automatically inform the doctor.

7 BY MR. SEIDEL:

8 Q. So if a blood pressure rose above what was
9 considered a stable level, you would automatically
10 notify the --

11 A. Yes, I would.

12 Q. -- attending physician?

13 A. Definitely.

14 MS. PARSONS: Let him finish his
15 question.

16 THE WITNESS: Okay. I'm sorry.

17 MS. PARSONS: She's writing
18 everything down. It will get very
19 confusing later.

20 BY MR. SEIDEL:

21 Q. I realize it's three years later. Do you have a
22 specific recollection, other than the records that sit
23 before you, of treating Daisy Love?

24 A. No, I do not, sir.

25 Q. Do you have a specific recollection of any

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1 conversations between yourself and Dr. Oxler during the
2 care and treatment of Daisy Love?

3 A. Can you clarify that?

4 Q. Other than the records that sit before you, do
5 you have a specific recollection as we sit here of any
6 conversations between yourself and Dr. Oxler while
7 treating Daisy Love?

8 A. No.

9 Q. So any recollection that you have today would be
10 that which is contained in the medical records?

11 A. Well, when I'm taking -- when I'm caring for a
12 patient, if there's any problem I automatically tell the
13 doctor. It doesn't have to be, you know, exactly
14 written there doctor informed.

15 Q. Nurse Benn, I asked if you have a specific
16 recollection, other than what is contained in the
17 records, of anything that you did or spoke to Dr. Oxler
18 about.

19 MS. PARSONS: He's not talking
20 about --

21 THE WITNESS: I don't understand.

22 MS. PARSONS: He's not talking
23 about your memory being jogged by looking
24 at the records or he's not asking about
25 what your policies are. He's just asking

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1 aside from all of that if you remember
2 talking to Dr. Oxler.

3 A. No.

4 BY MR. SEIDEL:

5 Q. So unless it's contained in this record, you have
6 no specific recollection of it?

7 MS. PARSONS: Object to the form.

8 You can answer.

9 A. I'm -- I don't understand what you're talking --
10 what you are, you know, saying.

11 BY MR. SEIDEL:

12 Q. I'm not sure why it's unclear.

13 A. It is.

14 Q. If it is not in this record today --

15 A. Then I never talked to him about anything?

16 Q. Do you have a memory of anything that is not
17 contained in this record?

18 A. Oh.

19 MS. PARSONS: Just object to the
20 form. You can answer him if you
21 understand the question.

22 A. Everything that's on here I had talked to him
23 about.

24 BY MR. SEIDEL:

25 Q. Ma'am, do you have a memory of anything that is

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1 not contained in this record?

2 A. No.

3 Q. Were you the nurse that triaged Daisy Love when
4 she was admitted to the emergency room?

5 A. No.

6 Q. Who was the nurse who triaged Ms. Love?

7 A. I can't read the writing of the triage nurse.

8 Q. You don't recognize the handwriting?

9 A. No.

10 Q. Do you know who the triage nurses were at that
11 time?

12 A. No.

13 Q. By the way, were you specifically assigned to the
14 emergency room as part of your duties?

15 A. I've been an emergency room nurse, yes.

16 MS. PARSONS: Just let him finish
17 his question. In conversation you'd
18 anticipate --

19 THE WITNESS: Okay.

20 MS. PARSONS: -- what he's
21 saying, but you can't do that today.

22 THE WITNESS: Okay.

23 BY MR. SEIDEL:

24 Q. As of March of 2000, were you assigned to the
25 emergency room department?

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1 A. Yes.

2 Q. Did you work in any other department in the
3 hospital?

4 A. No.

5 Q. Was there a specific staff of nurses, whether
6 they be triage nurses or treating nurses, that worked in
7 the emergency room at Rancocas Hospital?

8 A. Just the emergency room staff.

9 Q. And was that the same staff all the time?

10 A. Yes.

11 Q. Do you recall who -- list for me the names of the
12 nurses that you recall being on staff in March of 2000.

13 MS. PARSONS: Objection. You can
14 answer. Go ahead.

15 A. I don't remember all of them. A lot of them
16 left. It's not the same staff that is here today. In
17 2000 there was some agency nurses that also came in.

18 BY MR. SEIDEL:

19 Q. Can you tell me who you do remember?

20 A. Okay. Let me see. Who has been there. Let me
21 see. Beth has been there. On the day shift, the
22 evening shift?

23 Q. Whoever you can remember.

24 A. Okay. Let me see. Maggie; Marilyn; Sonia.

25 Q. Do you have last names?

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1 A. Sonia Robinson; Kathy Ward. I'm trying to think
2 in 2000 who was still there. Diane Presswood; Flow
3 Baker. Let's see. Joan Gallagher; Linda Pine; Debbie
4 Ostrander. There was -- there's quite a few that left
5 right in the middle of 2000 that were staff there. Pat
6 Edwards. There was -- during the day shift I don't
7 remember anyone else.

8 Q. Were there people on the staff that were
9 specifically assigned as triage nurses as opposed to
10 nurses that would be working the treatment area?

11 A. We take turns with assignments.

12 Q. On that day, what was Ms. Love's blood pressure,
13 at least the first recording of the blood pressure?

14 A. That was written by the first nurse that came
15 in -- no, the triage nurse would be the first reporting.
16 I can't read the bottom number. 197 and I think it's
17 over 126, but --

18 Q. Do you know if that's over 126 or over 160?

19 A. I can't read it.

20 Q. Would a blood pressure of 197 over 160 be normal
21 or abnormal?

22 A. Abnormal.

23 Q. Would a blood pressure of 197 over 126 be normal
24 or abnormal?

25 A. Abnormal.

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1 Q. Tell me what the treatment was for Ms. Love or
2 what was done for Ms. Love initially after she was moved
3 from triage to the treatment area.

4 A. She wasn't moved from triage, sir. She came
5 right into the emergency room.

6 Q. And what happened from that point on?

7 A. According to the notes before me -- the nurse
8 before me, is that what you want to know?

9 Q. What happened once she was admitted to the
10 emergency room?

11 A. She was brought in by the squad and she was
12 examined by the doctor, placed on a monitor, had an EKG
13 and blood work done and x-ray.

14 Q. She was brought in by the squad, what does that
15 mean?

16 A. That she came in by ambulance.

17 Q. Do you know what her blood pressure was on
18 admission?

19 A. It would be right here. 197 over -- I can't read
20 that last number.

21 Q. Do you know what her blood pressure was when she
22 was in the ambulance?

23 A. No, I do not.

24 Q. Is there any record in the chart that indicates
25 what her blood pressure was when she was being

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1 transported to the hospital?

2 A. There should be a squad flow sheet, but I don't
3 see it on the chart. There's also a squad flow sheet
4 and it's not here.

5 Q. After the 197 over whatever that number was --
6 I'll assume that it's 160 which has been the testimony
7 thus far -- when was the next blood pressure taken?

8 MS. PARSONS: Object to the form.
9 You can answer.

10 A. This one right here?

11 MS. PARSONS: He asked when the
12 next one was.

13 A. Next one. It says -- 5:30. It would be 5:15.
14 It would be 5:15.

15 BY MR. SEIDEL:

16 Q. What was her blood pressure at 5:15?

17 A. I have to find it. I'm sorry. It was at 5:30.

18 Q. So a half hour after the admission time,
19 according to the nurse's record, the next blood pressure
20 was taken?

21 A. I would assume it was 5:30. She was -- unless it
22 was over here, but I don't see that on -- she has the
23 pulse, but I don't see the blood pressure. I don't see
24 the 5:15.

25 Q. So assuming that 5:30 was the first time, what

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1 was her blood pressure then?

2 A. 182 over 113.

3 Q. Is that normal?

4 MR. HAFTEL: I'm sorry, 182 over
5 113?

6 THE WITNESS: Yes.

7 BY MR. SEIDEL:

8 Q. Is that normal?

9 A. No.

10 MR. HAFTEL: If you can try to
11 keep your voice up.

12 THE WITNESS: Okay. I'm sorry.

13 BY MR. SEIDEL:

14 Q. When was the next blood pressure taken?

15 A. It's every 15 minutes.

16 Q. When was the next blood pressure taken?

17 A. 5:45.

18 Q. I'll ask you to take a look at the nurses' notes,
19 if you would, and look at the handwritten blood pressure
20 recordings.

21 A. Uh-huh.

22 Q. The blood pressure recording that is noted at
23 5:38, do you see that?

24 A. 5:30 and 5:45.

25 Q. Is that at 5:38 or is that at 5:30 p.m.?

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1 A. That's 5:30 p.m.

2 Q. Whose writing is that?

3 A. That's Beth's.

4 Q. Beth Slimm?

5 A. Yes.

6 Q. At what point does your writing come in on this
7 chart?

8 A. It comes in at 6:20.

9 Q. Do you know if you were involved in Ms. Love's
10 care prior to 6:20?

11 A. No, I wasn't.

12 Q. When you started treating or started being
13 involved in Miss Benn's treatment -- I'm sorry,
14 Ms. Love's treatment, did you review the chart to see
15 what had been done and what her vital signs were prior
16 to your involvement?

17 A. Yes, and I got a verbal report from Beth.

18 Q. Did you make a note about your verbal report from
19 Miss Benn --

20 A. No.

21 Q. Miss Slimm, I'm sorry.

22 A. No. Generally we do not do that.

23 Q. Did you speak to Dr. Oxler at the time that you
24 started caring for Ms. Love?

25 A. I don't recall.

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1 Q. Is there any notation in the chart that indicates
2 that you spoke to Dr. Oxler?

3 A. I don't recall. There's no -- no, there's
4 nothing on the chart.

5 Q. After -- what was her blood pressure at 5:45?

6 A. 5:45 is 182 over 113.

7 Q. So it was the same as it was at 5:30?

8 A. Yes.

9 Q. And then when was the next blood pressure taken?

10 A. 5:35.

11 Q. Looking at the blood pressures from six p.m. to
12 6:15, what were the blood pressures at those two times?

13 A. 144 over -- I think it's 97. It's not very
14 clear. And 149 over 100 or 104. I can't read the
15 writing.

16 Q. Are those two considered normal blood pressures?

17 A. No.

18 Q. As of 6:15 that day, was she considered to be
19 stabilized with regard to her blood pressure?

20 MS. PARSONS: Object to the form.

21 You can answer.

22 A. It is still a high blood pressure, but I don't
23 know what a stable blood pressure for this patient would
24 be being hypertensive.

25 BY MR. SEIDEL:

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1 Q. Well, ma'am, how can you provide treatment to the
2 patient if you don't know what her stable blood pressure
3 would be?

4 MS. PARSONS: Just object to the
5 form. You can answer.

6 A. Because she comes into the emergency room
7 hypertensive and I don't have any, you know, knowledge
8 of what her normal blood pressure is.

9 BY MR. SEIDEL:

10 Q. How would you get that?

11 A. I wouldn't be able to obtain that. It's an
12 emergency room.

13 Q. Would you be able to call her family physician?

14 A. No.

15 Q. Something wrong with the telephones that day?

16 MS. PARSONS: Objection.

17 A. Nothing wrong with the telephones that day, sir.

18 BY MR. SEIDEL:

19 Q. She had been in the hospital for over an hour.

20 A. They --

21 Q. Is there any --

22 MS. PARSONS: Wait for a
23 question.

24 BY MR. SEIDEL:

25 Q. Is there any indication in the chart that during

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1 that hour and 15 minutes that she's been in the hospital
2 as of 6:15 that the family physician was called for a
3 normal blood pressure?

4 A. The doctor calls the family doctor or requests --

5 MS. PARSONS: He just asked you
6 if there's any indication in the record
7 if the family physician was called. Just
8 answer the question that he's asking you.

9 THE WITNESS: Oh, okay.

10 A. Not in my notes, no.

11 BY MR. SEIDEL:

12 Q. Do you have a recollection of discussing any
13 telephone call with Dr. Oxler that any other treating
14 physician would have made to the family physician?

15 A. No.

16 Q. After 6:15, when was the next blood pressure
17 taken?

18 A. Seven o'clock.

19 Q. As of 6:20 you started treating Ms. Love. Why
20 was it that starting at 6:15 there aren't blood
21 pressures every five to 15 minutes?

22 A. There's the time when she was moved from Room 1
23 to Room 12 and she was hooked back up onto the monitor
24 and it was recorded.

25 Q. Did it take --

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1 A. 45 minutes -- 6:15 is 45.

2 Q. Did it take 45 minutes to move her from Room 1 to
3 Room 12?

4 A. She was moved. I have 6:20 moved to Room 12,
5 placed on monitor and that's when I got her.

6 Q. If she was placed on the monitor at 6:20 in Room
7 12, why is there no record of her blood pressure between
8 6:15 and seven o'clock?

9 A. 6:15 and seven o'clock. I don't know. I don't
10 remember.

11 Q. Why is there no handwritten blood pressure for
12 that time?

13 A. I don't remember, sir.

14 Q. Let's talk a little bit about medical records.
15 What's the reason that you keep medical records?

16 A. I don't understand that. What do you mean by is
17 there a reason I keep medical --

18 Q. Why do you write anything down in the chart?

19 A. To document what's -- what the patient is doing
20 and her care.

21 Q. Were you aware that there was a policy and
22 procedure at the hospital that said that if it isn't
23 documented, it wasn't done?

24 A. No.

25 Q. You were not aware that that's what the policies

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1 and procedures say?

2 A. No.

3 Q. Do you understand that the reason that you write
4 down in the chart or do you understand one of the
5 reasons that you write things in the chart is so that
6 other people who read the chart will see what was done
7 during a particular period of time for the patient?

8 A. Yes.

9 Q. And if it's not in the chart, the person who may
10 be reading that chart at some subsequent time would have
11 no idea what was done for that patient?

12 MS. PARSONS: Just object to the
13 form. You can answer.

14 A. Can you repeat that?

15 BY MR. SEIDEL:

16 Q. Yes. Do you also understand that if somebody was
17 reading that chart subsequently they would have no idea
18 what happened with that patient during the period of
19 time when there's no record?

20 MS. PARSONS: Same objection.

21 A. Well, if it's not here, you're telling me you
22 assume it's not done. But if the nurse gives an
23 accurate report, then they know what's going on.

24 BY MR. SEIDEL:

25 Q. Tell me then what her blood pressure was between

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1 6:15 and seven o'clock.

2 A. It's not on here so I can't -- I don't remember.

3 Q. Do you know as you sit here today what her blood
4 pressure was?

5 A. No.

6 Q. The monitor --

7 A. Uh-huh.

8 Q. -- when they're placed on the monitor, that
9 automatically starts to run, correct?

10 A. Yes.

11 Q. And it keeps running continuously?

12 A. Yes.

13 Q. And it automatically creates this record,
14 correct?

15 A. You have to program the blood pressure.

16 Q. Okay. So you program the blood pressure and as
17 long as it's programmed to run --

18 A. Yes.

19 Q. -- it will print out the blood pressure without
20 you actually physically taking the blood pressure,
21 correct?

22 A. Yes.

23 Q. Can we assume from the fact that there is
24 absolutely no computer-generated blood pressure between
25 6:15 and seven o'clock that there was no monitor on Ms.